Pedic Society Items

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MEETINGS OF THE PEDIC SOCIETY.

The October, November, December, January and February meetings were attended by large numbers of the members, who were amply repaid for the time and attention given. Lectures and informal discussions upon topics of interest were held and the routine business quickly disposed of.

JANUARY EXAMINATION.

The examination held on January 28, 1908, by the Board of Examiners produced the largest class that ever attended examinations held by the Board. The average proficiency displayed by the students was greater than ever before and a larger proportion than heretofore succeeded in passing.

Those who passed are as follows:

John Francis Canning, Brooklyn, N. Y.
Louis Oszkocsil, Manhattan, N. Y.
Dwight J. Thrall, Manhattan, N. Y.
Josephine M. Stricker, Manhattan, N. Y.
Charles A. Seiverd, Manhattan, N. Y.
Anna Sturmer, Astoria, L. I.
Christian S. Staehr, Brooklyn, N. Y.
Kathryne A. Niver, Cohoes, N. Y.
Anthony Interrante, Brooklyn, N. Y.
Max Gottfried, Manhattan, N. Y.
Theresa Glockler, Manhattan, N. Y.
Mary Foster, Syracuse, N. Y.
Horace L. Bloche, Brooklyn, N. Y.
Charles H. Braun, Manhattan, N. Y.
Edythe E. Allen, Rochester, N. Y.
Michael H. Arbogast, Buffalo, N. Y.

REPORT OF BOARD OF EXAMINERS, ACTING AS A COMMITTEE, ON THE REVISION OF THE RULES AND FORMULAS FOR THE PROPER USE OF ANTISEPTICS IN THE PRACTICE OF CHIROPODY, TO BE ADOPTED BY THE SOCIETY IN PURSUANCE OF SECTION 7 OF CHAPTER 864, LAWS OF 1895, AS AMENDED BY SECTION 3 OF CHAPTER 208, LAWS OF 1898. UNANIMOUSLY ADOPTED.

Your committee desires to report that it has held a number of meetings and carefully considered the matter of revision of the Rules and Formulas for the proper use of antiseptics.

In the main, the present rules have been found so efficient as to make it difficult to improve them. The committee, however, recommends a slight revision of these rules and certain minor additions to them, and, in accordance with such recommendation, the committee desires to report the following rules:

FOR THE OPERATOR.

FIRST—The operator shall have no contagious or infectious skin disease or lesion.

SECOND—The operator's hands and nails shall be kept thoroughly cleansed and free from all foreign matter.

THIRD—Before each operation the operator's hands shall be thoroughly scrubbed with a brush and liquid soap in running water and immersed in a 1 to

2,000 solution of Bi-chloride of Mercury, (chemical formula Hg. Cl_2), for not less than one minute.

FOR THE PATIENT.

FIRST—The part to be operated upon must be thoroughly cleansed before operation with ether or absolute alcohol, and bathed or sprayed (preferably the latter) with either of the following:

A 1-2000 solution of Bi-chloride of Mercury (chemical formula Hg. Cl_2), or a 2½ per cent solution of carbolic acid (chemical formula C_6 H_6 O.), followed by absolute alcohol.

FOR THE INSTRUMENTS.

FIRST—Before each operation the instruments must be thoroughly cleansed and made sterile either by immersion in boiling water for ten minutes or in carbolic acid (chemical formula C_6 H_6 O.), for two minutes, followed by immersion in absolute alcohol (chemical formula C_2 H_6 O.), or subjected to formaldehyd gas (chemical formula C. H_2 O.) for five minutes.

SECOND—Before each time the instrument is used during the operation it should be dipped in carbolic acid (chemical formula C_6 H_6 O.), followed by immersion in absolute alcohol.

THIRD—Immediately after operating on an infected case the instrument should be thoroughly cleansed and made sterile by immersion in boiling water for ten minutes or in carbolic acid (chemical formula C_6 H_6 O.) for two minutes, followed by immersion in absolute alcohol (chemical formula C_2 H_6 O.), or subjected to formaldehyd gas (chemical formula C. H_2 O.) for five minutes.

NOTE.—Operators are cautioned as to the corrosive action of pure carbolic acid and the anesthetic action of a 5 per cent solution of carbolic acid. Absolute alcohol neutralizes the effect of carbolic acid.

The committee further desires to suggest that if these revised rules be adopted by the Society they be distributed in permanent form to all practising chiropodists in this State.

The necessity of adhering closely to these rules is found in Chapter 208 of the Laws of 1898, which provides, among other things, that the Pedic Society shall adopt and from time to time revise, add to, alter, amend or annul rules and formulas for the proper use of antiseptics in the practice of chiropody for the purpose of preventing diseases of the feet. And any chiropodist who performs any act of chiropody after receiving a copy of such rules and formulas without complying therewith and thereby causes septicemia or pyæmia or other diseases shall on proof thereof be liable to the person so injured in damages to be sued for and ascertained in an action at law before any court of record of this State, and proof of non-compliance with such rules and formulas, or any of them, after notice, shall in any such action be presumptive evidence of malpractice.

Respectfully submitted,

THE BOARD OF EXAMINERS,

GEORGE ERFF, Chairman.
R. P. JANTZEN, Sec'y.
GEORGE I. MARDIN, Treas.

Dated January 14th, 1908.

REPORT OF BOARD OF EXAMINERS, ACTING AS A COMMITTEE ON THE OFFERING AND AWARDING OF PRIZES FOR LECTURES, ETC., PRESENTED TO THE PEDIC SOCIETY AT ITS REGULAR MEETING, HELD JANUARY 14TH, 1908. ADOPTED BY UNANIMOUS VOTE.

The Board of Examiners, duly appointed by the President as a committee on the offering and awarding of prizes for lectures, reading of papers or demonstrations to be held at the regular meetings during the year beginning February 1, 1908, and ending February 1, 1909, report the following suggestions, which the Society may consider and act upon.

The committee suggests that three cash prizes be awarded for the three best lectures, papers or demonstrations held during the above period. The prizes to be as follows:

The first prize to consist of $25 in gold coin.

The second prize to consist of $15 in gold coin.

The third prize to consist of $10 in gold coin.

That a committee of judges to consider and pass upon the lectures, papers or demonstrations submitted and award prizes for same, shall be appointed, consisting of the President, Secretary and Board of Examiners.

That the following rules shall govern the competition:

Rule 1. In order to award all three prizes there shall be, at least, three different lectures, papers or demonstrations by three different persons during the term.

Rule 2. Should not more than two different lectures, papers or demonstrations by not more than two different persons be submitted, there shall be but two prizes awarded, the value of which shall be determined by the committee and be based on the merits of the lectures, papers or demonstrations submitted.

Rule. 3. Should not more than one lecture, paper or demonstration be submitted, there shall be but one prize awarded, the value of which shall be determined by the committee and be based on the merits of the lecture, paper or demonstration submitted.

Rule 4. The awarding or omitting of prizes shall be solely at the discretion of the committee.

Rule 5. In the awarding of prizes, the practicability, instructive qualities, etc., of the lecture, paper or demonstration, having regard to utility thereof by practitioners, shall receive precedence.

Rule 6. Should a member desire to submit more than one lecture, paper or demonstration on the same subject, he must elect which one on that subject he desires to be considered as competing for a prize.

Rule 7. All lectures, papers or demonstrations must be original, except when it is found necessary to quote authorities, such quotations to bear quotation marks and, if possible, the name of the authority quoted.

Rule 8. Any member, particularly those living out of town, wishing to submit a paper, may designate another member to read the same for him or her, and if no designation be made, the committee of judges shall designate such person as it deems best for that purpose.

Rule 9. This competition is to be open only to members of the Society in good standing, except that no member of the Committee shall enter into the competition.

Rule 10. All members desiring to submit a paper, lecture or demonstration shall notify the Secretary thereof not less than ten days prior to the regular monthly meeting at which such member desires the lecture, paper or demonstration to be offered, in order that the proper notice may be given in the regular monthly meeting, notices of which are mailed by the Secretary.

Rule 11. The committee of judges shall have the privilege to modify or change these rules from time to time as contingencies arise.

It is further suggested that in the event of a meeting occurring without a lecture, reading of a paper or demonstration taking place, the Board of Examiners may submit one or more questions from the book of questions, or propound any other form of question deemed by the judges to be of interest or benefit to the profession, the answers to which shall be open to all members present at meetings who desire to enter into the competition, and the member answering orally the greatest number of such questions satisfactorily during the said term shall receive a cash prize of $15 in gold coin donated by the Board of Examiners. All of which is respectfully submitted.

GEORGE ERFF,
GEORGE I. MARDIN,
R. P. JANTZEN,
Committee.

Dated New York, January 14th, 1908.

WATER SPREADING FIRE.

An amusing instance of ignorance of the properties of carbide of calcium occurred recently on a quay at Algiers. Five tons of carbide had been placed near a quantity of inflammable material, which suddenly caught fire. The firemen, instead of removing the boxes of carbide with hooks, smashed them, and then turned water upon the contents. The result was a great development of acetylene gas and a destructive fire which might have been prevented by a little practical knowledge of chemistry.—*Youth's Companion.*

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AN UP-STATE CHIROPODIST.

The Society numbers among its members all the prominent up-state chiropodists, and, while they all take a deep interest in the welfare of the Society, none of them are in closer touch with the Society and all that it stands for than Mrs. Anna F. Moyde, of Syracuse.

Mrs. Moyde for three years before taking up chiropody was busily engaged in following the profession of a trained nurse, and the practice that she had in that profession has been of great benefit to her in this profession.

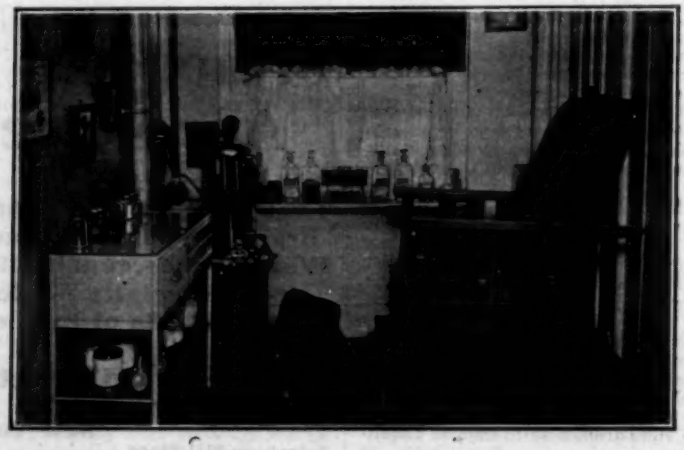
She has a cosy office consisting of two rooms of uniform size, at 316 Kirk Block, Syracuse. The rooms are furnished with Mission furniture and the walls are pale green. Each room has two large windows, thus affording plenty of light and air.

Mrs. Moyde's operating room is her special care. The floors are covered with mission and leather and her platform linoleum of wood shades. Her chair is black enamel; her foot rest is nickel, the top rest being covered with velvet. The rest can be moved to any height. Her cabinet is metal incased in white enamel and with brass trimmings, and glass shelves top and bottom. She keeps all materials, such as cotton, solutions, bandages, etc., in glass covered jars and glass stopper bottles. Her knives are laid on cotton in the first drawer, so that upon opening they are very handy to reach. She uses a glass rod for applying ointments, which rod she keeps in a carbolic solution, changed for every patient. Her dressings are put into white enamel pus-pans, and removed after each patient leaves the operating chair. The rest of her furnishings, including tubs and basins, are white enamel, and she is a great believer in the frequent use of green soap and hot water to sterilize the hands before operations.

Mrs. Moyde is frequently recommended by physicians in her city to take care of cases which properly come within the domain of the practising chiropodist and she has been very successful in the treatment of same.

We publish herewith a reproduction of her office, which shows what a woman with the proper amount of push and knowledge of the profession can do in the way of fitting up an office in proper shape.

Although Mrs. Moyde is quite a young woman, she is very much interested in the practice of her profession and has been steadily engaged in it since she successfully passed the examination of the Board of Examiners. The success which has been achieved by Mrs. Moyde makes it clear that there is plenty of room in the profession for earnest, skilful workers, who depend upon their own efforts to please the public rather than waiting for patients to turn up.



PES PLANUS—REPLY.

In the October issue of the Pedic Items there appeared an article on "Pes Planus." The first statement contained in this paper was that fully 40 per cent of the chiropodists' patients "are afflicted with falling or weak arches, or flat foot." I do not agree with the author. I have consulted with a number of old practitioners and find that their experience in regard to the number of patients afflicted with flat foot coincides with mine; that is, that the number afflicted with flat foot is not nearly as large as he claims. I doubt if it would approximate 20 per cent.

He also makes the statement that the patient should be provided with "a pair of well-fitting braces." Right, but how many chiropodists—I am now speaking of those who have had years of experience in their practical work—would know if a brace were rightly fitted and would ultimately accomplish what it was intended for? I much doubt if one in a hundred could. I have absolutely no belief in the ready made brace—which should be the feeling of every right minded chiropodist who has the future good of his profession in mind. There are a great many so-called braces on the market. I have never tried to familiarize myself with them, as it has always been my belief that it was beyond the province of the chiropodist. This cannot be too forcibly brought to the attention of the profession. We are not at the present time equipped in knowledge to interfere with the orthopedic surgeon. If it were not necessary after obtaining a knowledge of general surgical work to devote special attention to orthopedics the surgeon would not do so. And not the least of the troubles he is called upon to treat is flat foot in its various forms. The ordinary surgeon would not try to fix up a pair of braces for a patient in this day of specialists. He would send him to an orthopedic surgeon. Physicians and surgeons of all kinds send patients to the chiropodist because they consider the chiropodist a specialist in his particular work, but no physician would send a patient to a chiropodist to have a brace fitted.

The mere taking of a plaster cast of the foot is all right in a way, but how many chiropodists would know what to do after they had made the plaster cast? The taking of a plaster reproduction of your patient's foot is in itself not a very formidable piece of work, although the knowledge of how this is done is of great value to every chiropodist. Having taken a cast of the foot the writer says send the cast to "some one making a specialty of flat foot braces." The brace maker is a mechanic. He has not made a study of anatomy and studied for years the various congenital or acquired deformities to which the foot or leg is liable. That is entirely in the special province of the orthopedic surgeon, who is the intelligent director of the skilled mechanic—the brace maker.

I have lately had this brought to my attention by a number of patients who have been the victims of the well meaning but beyond-his-depth chiropodist, and the brace maker who was willing but not able. After the orthopedic surgeon has taken a cast of the foot he examines the foot, and where it is necessary to bring support he trims up his cast accordingly, and if the brace does not relieve the pain and soreness (as was the case with the patients I saw, who had been to the chiropodist and mechanic), he has the knowledge and experience to properly fit the brace.

I sincerely hope that these few remarks will not be taken as a "knock." I merely wished to call the attention of the chiropodist to the fact that the fitting of braces is as yet without the field of the chiropodist, but he who having the best interests of the profession at heart will study these conditions with the aid, if possible, of an orthopedic surgeon, in time will be able intelligently to fit patients with the proper shoes and braces which will relieve them of all pedal suffering.

R. P. JANTZEN.

WOUNDS.

PAPER READ BY ALFRED JOSEPHS AT DECEMBER MEETING.

Mr. President and Fellow Members:

This paper treats of wounds.

A knowledge of the proper treatment of wounds must be regarded as one of the most important requirements for a chiropodist, because we so often make them, both inadvertently and intentionally, whilst operating. Therefore it behooves us to learn all we can about wounds—the changes the tissues undergo, the reason therefor, as well as the

latest and best-adapted remedies for their treatment.

Wounds are classified according to the manner in which they occur, viz: Incised, punctured, contused, lacerated, or gunshot.

Of these, we, in our practice, need consider only the incised wound. Such wounds are usually recognizable by clean-cut edges as can only be made by a knife, scissors, or other sharp-edged instrument.

The symptoms in the person wounded are, first, pain, then bleeding. As all the tissues are supplied with sensory nerves, injury at once causes pain. This varies greatly with the nerve-supply of the wounded part, and the sensitiveness of the patient to pain. The most sensitive parts are the fingers and toes. You all know from experience the character of the pain from a cut on the finger or toes.

The quicker a wound is made, and the sharper the knife, the less the pain. In simple skin wounds, the bleeding is less than in mucous membranes. Hemorrhages from the capillaries alone cease spontaneously if the tissue is healthy, because the openings of the vessels are compressed by contraction of the wounded tissue.

There are persons who bleed so freely from a small wound that they may die of hemorrhage from a scratch of the skin. This is due to a constitutional disease called *hemorrhagic diathesis*. Those affected with it are called *"hemophiliacs."* The cause of this disease is ascribed to excessive thinness of the arterial walls, and is usually hereditary in certain families.

In our practice we seldom have a hemorrhage greater than that from the capillaries to arrest. Therefore, having no need for either ligation or compression, we will only consider those remedies which cause rapid coagulation of blood, known as styptics.

As a matter of fact, most of these slight hemorrhages cease spontaneously. It is necessary simply to compress the wound with a piece of cotton for a few moments and the hemorrhage will be arrested.

Monsell's Solution is fairly sure to arrest most of these hemorrhages at once, but it usually causes a rather large, nasty-looking clot, which is apt to become infected and cause trouble later.

Adrenalin Chloride solution is a very efficient styptic, but peroxide is the best, simply on account of its convenience. Almost every chiropodist uses it to cleanse wounds, and always has it on hand, while he may not have Adrenalin.

An excellent method of arresting hemorrhage is to pour peroxide of hydrogen on the wound, then saturate a piece of cotton with a 1-1000 bi-chloride of mercury solution and apply it, allowing it to remain for a few minutes. This not only stops the bleeding, but renders the wound aseptic.

It sometimes happens that, although the wound is small and insignificant, none of the usual remedies avail in checking the flow of blood. In such instances it is best to resort to actual cautery. This will produce an eschar, thus closing the vessels.

Some chiropodists use collodion as a means of closing a wound. On this subject Prof. Theodor Billroth, the eminent surgeon, of Vienna, writes: "Collodion is a solution of gun-cotton in a mixture of ether and alcohol. Avoid applying it directly to a wound, as it not only causes unnecessary pain, but may also induce inflammation and suppuration, which should be particularly avoided."

When the bleeding of a wound has ceased and the proper antiseptic dressing adjusted, we have done all we can do. In a few days most simple incised wounds adhere. The tissues in the wound reunite. A thin red stripe on the skin, called a cicatrix (scar) shows the mark of separation. This process of healing is called "healing by first intention," or primary adhesion.

Open wounds generally heal by granulation; that is, small granules spring up in the wound, develop and gradually join into a fine, granulating, bright-red surface, called the granulating surface; at the same time the fluid flowing from this surface becomes thicker, creamy and of a yellowish color; this fluid is pus, and when of the quality just mentioned is known as pus laudible or healthy pus.

When the granulations have reached the level of the true skin they cease to grow, and the epidermis begins to grow over it until it again forms a complete whole.

It sometimes happens that irritation occurs in the granulating area, caused. for instance, by the edge of a toenail penetrating it. The granules continue to grow, piling up in the shape of a mound. This is called "proud" flesh, or superfluous granulations. In order to invite healthy healing of such a wound it is necessary to remove such exuberant granulations, either by snipping them off

with a scissors or cauterizing them with the actual cautery or the nitrate of silver stick.

This paper would be incomplete if mention of that disorder known as inflammation were not made, for it is for the treatment of this condition that many of our patients seek our services.

The first clear insight into the nature of inflammation was derived from the observation of the healing of wounds. It was found that when the blood coagulated in the severed capillaries, rendering them impassable, the arterial pressure became heavier because the bypaths were less numerous. The uninjured vessels in the locality of the wound had to take up the blood supply of those which were injured, thereby causing the former to distend. Hence the redness, and to some extent the swelling about a wound.

The distention of the capillaries permits more of the blood plasma to pass through their walls, thus saturating the wound.

When irritation of the tissues arises from capillary distention it is called "inflammation." Such irritations are numerous. The rubbing of an eye till it weeps, the rubbing of a shoe on the soft tissues of the toes, causes those organs to take on an increased quantity of blood.

The process inducing this redness is called *active hyperemia* or *active congestion.*

Inflammation affects the walls of the vessels peculiarly, so that they are not only distended by the blood, but also become softer, permitting the white blood corpuscles to pass through and wander into the tissues toward the point of irritation.

To give a concise definition of inflammation we might say: "Inflammation is a modification of the normal physiological processes in the different tissues of the body, a disturbance of nutrition, with extravasation of serum and corpuscles from the vessels into the tissues. This condition is due to irritation, which causes a breaking down of cellular tissue."

Inflammation is therefore, briefly, an attempt on the part of nature to repair an injury.

I have herein briefly described simple inflammation. For a good description of infective inflammation I refer you to the paper read here by Joseph Renk, entitled "Infection."

In the treatment of inflamed wounds rest and cleanliness are important factors. To insure a speedy cure the recumbent position and daily dressing are necessary.

In cleansing a wound you must remove everything that may disturb its normal course, and prevent the entrance of anything that may cause decomposition.

The chief aim of modern surgery is to prevent decomposition in a wound, and as these decomposing masses are called "septic" matters, the treatment used to prevent them is called "antiseptic."

To remove foreign materials and render a wound aseptic, peroxide is the best remedy. Pour this into the wound until the bubbling ceases, then syringe with a 5 per cent carbolic solution or liquid borowii.

To reduce the inflammation, saturate a piece of gauze with the borowii solution, apply it to the inflamed part, and cover with a gutta percha protective. This constitutes a wet dressing.

Another good remedy is as follows:

Ichthyol and glycerine, equal parts, well mixed; apply to wound and bandage; cover with gutta percha.

ALFRED JOSEPH.

New York, Dec. 10, 1907.

HYGIENE OF THE FEET MUCH NEGLECTED.

IT IS A CURIOUS FACT THAT MOST WOMEN DO NOT REALIZE THE NECESSITY OF THEIR THOUGHTFUL CARE.

From N. Y. Times, Dec. 1, 1907.

In these times, when the art of taking care of one's complexion, hair and hands has made wonderful strides along the path toward perfection, the great majority of women do not know, and in fact have not the remotest idea, of how properly to care for their feet. Even the minority think that a daily bath, trimming the nails, and an occasional visit to the chiropodist are all that can be done.

Of course there are a few with money and also a few of limited means who have a pedicure come to their home regularly to treat their feet, but it is the exceptional woman who knows how to so care for and dress her feet as to keep them not only trim and attractive both in and out of their boots and shoes, but so that they are comfortable and in such condition that she never realizes she has feet.

Of course foot troubles vary, bunions, corns, ingrowing nails, and the still more

serious afflictions belong to the specialist, and a good one should be selected and the feet treated by him.

It is the care of feet in average condition that may possibly have a corn or two or not, but whose chief sources of discomfort may be readily removed.

To begin with the feet must have proper stockings and proper shoes and frequent changes. Feet that are incased day after day in the same pair of shoes are bound to be uncomfortable. At least three pairs of shoes are necessary to any one desiring comfortable feet. There is economy as well as comfort in three or more pairs worn at intervals, as they will last longer than three pairs bought separately and worn until they are no longer wearable.

Many people have feet slightly swollen when they rise in the morning. It is then a pair of loose shoes should be worn, shoes large enough to allow the feet and toes to "spread" out. The heels should be low, or of medium height. Slippers or shoes of this sort should be worn until one goes out, or until noon, when a shoe that fits the foot, but is not tight, should be put on. It is also well to change the stockings at this time.

Of course, if one takes a daily bath at night instead of in the morning the feet should be bathed in the morning, when one first arises, or when changing the slippers or boots for other footwear later and when the fresh hose are donned.

Cold water should be used during cold weather, and warm water in the summer. The cold water renders the feet less susceptible to cold pavements and chills generally. If the feet feel tender or tired a little alcohol may be rubbed over them after using the water. Borax may be used instead of soap in the bathing water, or a few drops of ammonia, while others prefer the plain water.

If one is a business woman and has to be out all day, the feet should be slipped in easy slippers while dressing and the boots left until the last moment. If it is possible, have a pair of boots at one's office to be donned at noon. This, however, necessitates another change when one goes home. However, one can at least even if another pair of high boots are put on.

The changing of one's boots means the cooling and airing of the feet, and the opportunity is given the leather of the boots removed to dry out, to be well aired, and thereby cleansed. Leather need not be wet with water to be damp. The invisible exhalations going on continuously from every pore of the feet and ankles are absorbed by the leather, and the wearing day in and day out of the same pair of shoes is not only unhygienic, but uncleanly.

Leather properly aired and dried out at short intervals does not wear or rot out quickly.

Patent leather shoes should never be worn by any one who cares for the health of her feet. Patent leathers are impervious to air. The feet are in no way ventilated. Such shoes make the feet sensitive and cause them to perspire —invisibly, perhaps, but still they do it.

Of course no sensible person will wear low shoes on the street in cold weather, and no one who does wear them need expect to escape paying the penalty. They may not be taken ill immediately from exposure, but their vitality will be lowered through the continued exposure of sensitive ankles, and this will in time affect the general health, although the sufferer never once thinks that the resistance of the body to disease is weakened by the chilling of a sensitive spot. Some who can stand exposure of almost any other part of the body to cold catch cold almost as soon as their ankles are exposed. Probably many who did not realize the sensitiveness of the ankles have noticed that when a draught struck the latter they began sneezing—nature's first aid in the way of an attempt to throw off a cold in its initial stage.

Extremely thin stockings are another evil to be avoided in winter, yet there are people who claim their feet are so tender that they have to wear them. In that case they should begin treating their feet first in the morning with pure alcohol baths, and at night by rubbing into the feet before going to bed some fine cold cream containing a liberal percentage of lanoline, or else pure vaseline. The feet should be well rubbed all over and the residue wiped off with a soft cloth. The first toughens the skin, the cream nourishes and builds it up, and both through the rubbing start the circulation, sending the blood through the poor, starved members, and the massaging also stimulates the muscles, tending to make the feet limber.

The feet should be aired whenever possible. In warm rooms or in warm weather one should seize every chance to don low slippers or bath slippers, and wear them without hose in one's own room. Every chance one gets to wriggle her feet, in or out of shoes, should be made the most of.

If one suffers with feet that feel dry, so dry sometimes as to almost "draw," they should be rubbed thoroughly every night with a lanoline cold cream, and this should be left on several minutes, long enough to be absorbed, and the feet

wiped. I have known people who could not go to sleep because of their dry feet who were at once made comfortable and kept so by the use of cold cream. Vaseline can also be used.

After a time if lanoline creams are used the treaement can be stopped, but even then it is well to treat the feet once or twice weekly with a cold cream bath.

For feet that perspire so that the hose is dampened alcohol should be used freely to bathe them. This often occurs when the feet are dry at night, in which case the creams should still be used at night and the alcohol in the morning. There are numerous powders for dusting feet that perspire, and these include boracic acid, talcum and other preparations.

In such cases stockings with white feet. or at least white soles, should preferably be worn.

No one can always have comfortable feet who habitually wears very high-heeled shoes, shoes too short, shoes that are loose over the instep, or thin leathers, outdoors in winter, or the heavy leathers during hot weather.

Those having narrow pointed feet should wear shoes of the same shape, and the wide, short foot should have a shoe to fit; although it may be longer than the foot, it should never be narrow enough to pinch it. If a shoe too long is tight enough over the instep the foot will not slip forward in it.

If one has heels small in proportion to the foot. the shoe should be lined at the heel, until it fits properly, else the heels are often rubbed and even blistered.

Rubber heels should not be worn in wet weather, for they are exceedingly slippery, and it is one's heels that always fly out when one slips on an icy or wet spot.

There are plenty of other foot and shoe don'ts and shoulds; but these will be treated later on.

They were sitting around the open fireplace of a women's college club not many miles from Madison avenue and were discussing all the things they've unlearned since they learned them at college.

"Why, I put in a solid year at chemistry," said the golden haired girl regretfully, "and, do you know, the only single solitary thing I remember about it now is that water is H_2O_5."

LECTURE DELIVERED BY JOSEPH RENK.

AT NOVEMBER, 1907, MEETING.

INFECTION.

Mr. President and Fellow Members:

I feel it my duty to contribute a few remarks on a subject which chiropodists often meet in their practice, namely "Infection." I have eliminated all high-sounding, technical phrases, in order that you may all readily understand and appreciate the condition, cause and effect of the germs which we call bacteria.

Dr. T. Mitchell Prudden, in his book on "The Bacteria of Surgical Diseases," says:

"One of the greatest dangers associated with injuries and wounds, whether inflicted by accident or made by the knife of the surgeon in necessary operations, is the liability of the occurrence of what is known as blood poisoning. So great is this danger that it has long been known that in our great wars many more lives are lost as the result of blood poisoning than as a direct result of bullets or cannon balls.

"The cause of this form of disease, which is so apt to complicate wounds, was for a long time entirely unknown. Then, as these wounds were apt in blood poisoning to be foul and bad smelling, it was concluded that the trouble might be that dirt or filth of some sort got into them and so set up the disease. What the particular thing was, whether bacteria or something else, which so gained entrance to the body no one knew. Nevertheless, surgeons began to apply to the wounds such remedies as would actually kill germs, or, at any rate, keep the wounds free from putrefactive changes. In this respect carbolic acid dissolved in water was found to be very efficient. Then, the discovery being made that the trouble was due to living germs falling upon the wounds from the air with the dust, it became the practice when surgical operations were being performed or wounds dressed to spray a carbolic acid solution in the air, about the operator's hands, over his instruments and upon the wounds, and when bandages were put on to seal them tight-

ly so that no germs could gain access to the wound while the healing went on.

"A great deal of careful laboratory work has resulted in the knowledge that blood poisoning, abscesses, erysipelas and many other less serious inflammations are caused by bacteria. It was discovered, furthermore, that there are two particular species which cause the trouble in the majority of cases. Both of these are little balls or Micrococci. One form of them as they grow tend to form chains and so are called Streptococci; the other form tends to group like a bunch of grapes, and so they are called Staphylococci.

"When these bacteria, which are mixed with the dust, fall on the surface of open wounds, or on anything which comes into contact with them, they may, if not destroyed, commence to grow, and by the poisonous material which they form as they grow interfere with the healing of the wound. They may also get into the blood and be carried to various parts of the body, there growing and often producing fatal results. These tiny organisms cause inflammation, suppuration, or the formation of pus, and blood poisoning. To neutralize their evil effects, Nature has given to the white blood cells, or Leucocytes as they are called, a peculiar power—that of removing foreign substances from the blood. They act to some extent as scavengers, and when they come across a particle of wornout or foreign material in the tissues, they carry it to those parts of the body in which waste material is systematically disposed of. But let an injury such as an open wound occur, and the whole attitude of these Leucocytes changes. They get out of the blood vessels with all speed, in greater or less numbers, as the occasion may demand, and gather about the edges of the wound, and after a time they, together with some other cells of the injured tissue, change their shape and character and actually form, with the aid of the blood vessels nearby, a mass of new tissue, which replaces that which was lost by the injury, and so permanently binds the edges of the wound together.

"Sometimes these white blood cells fail in their attempted destruction of the bacteria and are themselves destroyed, and thus is formed a substance which we call pus.

"When the bacteria get into the tissues and begin to grow they produce a small amount of poison called ptomaine, which acts injuriously on the tissues where it is formed. Then the white blood cells gather about it, just as they would about a wound. If the bacteria continue to grow and multiply the white blood cells may accumulate more and more and die, the tissues may break down, and so an abscess may be formed.

"Sometimes the germs get into the blood and are carried to various parts of the body, and wherever they lodge abscesses may be formed. Metastatic abscesses, and this constitutes one of the most dreaded forms of blood poisoning.

"Now, what do the white blood cells accomplish under these circumstances?

"When the bacteria get into the tissues and begin to grow, the arrival of the white blood cells upon the scene signalizes the commencement of a life and death struggle between the bacteria and the Leucocytes. The latter attempt to kill the bacteria, or to so closely surround them as to cut off their oxygen and food supply, and so destroy them. The bacteria, on the other hand, so long as they can grow and proliferate, produce a poison which may kill the white blood cells and break up the surrounding tissues. If the conditions are favorable to them the Leucocytes will get the upper hand of the bacteria and stop their growth or kill them, and thus avert the danger.

"If, on the other hand, the cells are not vigorous enough to resist the poison eliminated by the bacteria, and themselves succumb to its influence, the way is open to the spread of the infecting germs.

"These bacteria apparently do no harm when they lodge upon the uninjured surface of the body, but only when they get into the tissues through an injury or lodge upon surfaces of the respiratory or digestive tract which are already the seat of disease.

"These bacteria are called the pus-forming or pyogenic bacteria. The effects which they produce in the body vary considerably under different circumstances and conditions. Sometimes the general condition of the body is such that it seems to furnish very favorable soil for their proliferation, or is especially vulnerable to their action. Sometimes the germs seem to be especially virulent.

"Thus we are in these diseases dealing with the poisons of the human body, but with self-propagating poisons which, from an almost infinitesimal amount, may grow to such quantities as will fairly overwhelm the body."

Now let us summarize this whole subject of bacteria. We find the germs, or micro-organisms as they are called, in the air we breathe and in the water we drink, and that they are harmless on unbroken surfaces of the body; that they

can be killed by strong antiseptics, boiling water or steam; that blood poisoning, abscesses, erysipelas and many other less serious inflammations are caused by them; that when they get into a wound they are apt to be carried to other parts of the body unless precautionary measures are adopted.

Regarding the latter, this Society has had a circular printed containing rules and regulations for the proper use of antiseptics and touching on the proper sterilization of instruments. A strict compliance with the provisions of this circular will prove of great benefit to all and minimize the danger resulting from infection. JOSEPH RENK.

INFLAMMATION—ITS CAUSE AND REMEDY.

In no part of the human body do the several kinds of inflammation occur more frequently than in the foot. It is in order, therefore, that the chiropodist, coming in contact daily, as he does, with this morbid condition, should be thoroughly familiar with its character and symptoms, both objective and subjective.

To fully understand the conditions which cause inflammation a thorough knowledge of the blood is necessary.

The primary causes of inflammation are friction and infection. When either of these conditions arise in any part of the body the blood vessels contain an increased quantity of blood, causing heat, swelling and pain.

Exudative inflammation is characterized by the presence of an exudate derived from the blood vessels. The plasma, the white cells and the red cells escape from them into the tissues. First there is a dilatation of the arteries, veins and capillaries and an increased rapidity of the flow of blood. Then the blood current becomes slower. The white blood cells gather in the small veins and capillaries and adhere to their walls. Then, changing their shape, force their way between the endothelial cells of the vessels, through their walls to the outer side of the tissues. This process is called *emigration.*

Red blood cells in smaller numbers may also pass through the walls of the veins and capillaries. This is called *diapedesis.*

At the same time the plasma of the blood transudes through the walls of the vessels and infiltrates the tissues as serum; while, by the union of substances contained in the blood plasma and in the white cells fibrin is formed.

In this simple manner are elaborated the inflammatory products—pus, serum and fibrin. The pus cells are emigrated white blood cells; the serum is part of the plasma of the blood; the fibrin is produced by a union of the fibrinogen in solution in the blood plasma with substances contained in the white blood cells.

It is evidently necessary that the blood should continue to circulate through the vessels of the inflamed tissue in order that these inflammatory products may be formed.

The latter accumulate wherever there are cavities to receive them, in the interstices of connective tissue, on the surface of the serous membranes, and in the serous cavities.

Suppurative inflammation is a form of exudative inflammation wherein there is an excessive emigration of white blood cells. It is due in most cases to the presence of bacteria in the tissues.

Productive inflammation produces new connective tissue, while congestion and exudation are nearly or entirely absent. Such inflammation may be acute, but it is more often chronic.

Tubercular inflammation is that accompanying the presence and growth of the tubercle bacillus. The inner coat of arteries becomes inflamed (endarteritis) and the new tissue produced is of such low vitality that necrosis and cheesy degeneration exist.

Syphilitic inflammation, caused by the poison of syphilis, is accompanied by the growth of a specific micro-organism.

From the brief description of the various forms of inflammation mentioned

herein it may be observed that the most common is the exudative, wherein the white blood cells emigrate into the tissues, collecting themselves into recesses and cavities which are known as abscesses.

This description of the various forms of inflammation would be incomplete and useless to the practising chiropodist without a remedy to combat this morbid condition.

The best astringent for inflammation is Liquid Borowii. The method of applying it depends upon the size of the affected part. In the case of a greatly inflamed bunion saturate a cloth with the solution and fasten directly over the inflamed parts. If kept wet within twelve hours all traces of inflammation, with its accompanying pain, will have been eradicated.

After operations on ingrown nails, especially those having proud flesh, there is no remedy which can be compared with it. After rendering the sore parts aseptic bandage the toe with gauze well soaked with liquid borowii. Cover the bandage with a gutta percha protective. This will keep the toe moist for twenty-four hours, when, the bandage being removed, it will be found that the very sore toe of the day previous has resumed its normal condition.

ALFRED JOSEPH.

CORNS: HOW PRODUCED.

REPLY.

In the last issue of PEDIC SOCIETY ITEMS, under the caption of "Corns—How Produced," one of our esteemed members elaborated upon the formation of corns and gives us quite a comprehensive explanation of the theory of mechanical production of these pests of the human family.

Now, it is not my intention to offer criticism in reference to his theory, except in a friendly manner, thereby endeavoring to open discussion through the ITEM on a very important subject of interest to all practising chiropodists.

I shall start my reply by taking up the structure of the skin briefly.

It is a recognized fact that the skin is formed of a number of cells, the outer layer, or epidermis, being an unorganized epithelial structure having no vessels or nerves; the cells of which it is composed are agglutinated together in a laminated arrangement and are flat and dry on the surface, round and softer in the central portion, columnar and softest in the deepest layers; therefore it is shown that to a certain extent the tendency to the formation of a hard surface is a normal one, as the lowest and softest cells are only in a transitory stage that is completed upon their becoming flat and dry, and taking this fact into consideration it seems reasonable to suppose that from a pathological standpoint the blood supply of the skin bears a direct relation to the formation of corns.

Now let us take up a brief description of the Derma or true skin. It is a highly organized, tough yet elastic tissue, and serves to protect the parts beneath, to perform the functions of excretion and absorption, and as the chief seat of the sense of touch. It consists of fibro-areolar tissue, vessels and nerves.

The Papillary layer, situated next to the Rete Mucosum—(which is composed of the lowest and softest layers of the Epidermis and which is closely moulded upon it, containing the pigment cells giving color to the skin)—is covered with minute conical elevation or papilla which are very numerous and arranged in parallel curved lines wherever sensibility is greatest. Each papilla contains a capillary loop or plexus, and the termination of one or more sensory nerves, and in highly sensitive parts an oval shaped body, the Tactile Corpuscle.

The Corium or lower layer of the Derma is composed chiefly of interlacing bundles of white fibrous tissue, in which are mingled some yellow elastic fibres, also plain muscular fibres wherever hairs are found, and lymphatic vessels, blood vessels and nerves in plexiform arrangement. You will observe that in the

structural form of the Derma we have a very complicated tissue which will respond to the slightest irritation. For an example, let us take a person who wears a tight shoe and note the changes that take place in the skin surface; by crowding the foot into such a shoe, which is usually made of unyielding leather and which is worn during a long period of time, direct pressure is brought upon some or all of the usual prominences that develop corns. This pressure constricts the small blood vessels mentioned in the above description of the skin and causes them to contract, thus producing an active Anemia, or stoppage of the normal flow of blood through these areas as long as this pressure is continued; and when the shoe is removed the blood vessels dilate beyond their normal calibre and we observe an active Hyperemia, or congestive condition, follow the Anemia.

These changes portray the natural physiological processes that are conveying more blood than is needed to the parts involved.

On the other hand, let us take into consideration those cases in which a loose shoe is worn and note the results. Here we get direct friction, which causes also a dilated condition of the blood vessels during the entire time the shoe is worn, and therefore the same physiological condition exists that we observed when the pressure of the tight shoe was removed.

Hence, as natural circulatory processes have been interfered with and the nerve endings irritated, there is an effort on the part of nature to correct these abnormal changes, and this is accomplished by the increased blood supply, which transmits cell forming material to the parts involved, thereby causing "cell proliferation," or an increase in the number of cells in these parts, and as the Epidermis is the outer protective covering of the Derma or true skin, it is the cells of this layer that are multiplied, thereby forming the nucleus of the corn; and if the pressure and friction are continued from day to day we get a proportionately larger growth. I say growth, because I think that a corn is a growth and not the product of a number of cells with their thin walls, soft contents and nuclei broken down and jammed together in a solid, compact mass, for if such was the case this mass would become a foreign body on the skin and detach itself by scaling or an inflammatory action, and this a corn will not do except in certain cases where the corn is a layer-like formation.

I am of the opinion that the theory advanced by the author under discussion probably holds good where we have a contused corn that becomes discolored and at times suppurates through tissue necrosis and subsequent infection, although these conditions take place as a rule only in a matured corn.

In conclusion, it seems that nature makes an effort to build a cushion between the shoe and the Derma through the medium of the epidermic cell proliferation to protect the sensitive papillæ, etc., from injury, but as the irritation is continued the growth becomes larger and thicker, with an inclination toward the point of least resistance, which would be the soft tissues beneath the Epidermis, thereby causing the depression we observe in many cases where a corn is dissected out, through the apex or point that is first formed being forced in that direction by the shoe.

This explanation seems to be substantiated when I take into consideration the numerous cases of Vascular corns and growth resembling Papilloma turned inward that I have treated, showing conclusively that the pressure or friction has been so violent and long continued that the papillæ themselves have become involved, as these growths are nothing more than enlarged sensitive papillæ with an increased blood supply, which has produced cell proliferation, or multiplication, within them.

I trust that I have written this reply so that the import thereof will be appreciated, and that I have given no offence to the author of "Corns—How Produced." WM. ASHTON KENNEDY, JR.

Compliments of . . .

Vincent De Sio

. . . Stapleton, N. Y.

LIQUID BOROWII.

Editor Pedic Items.

Dear Sir: I am in receipt of several letters from chiropodists upstate asking for the prescription of Liquid Borowii.

This powerful antiseptic was discovered by Dr. Burow, a German surgeon. It is also known as acetate of alumina. For inflammation it is wonderfully effective in the form of moist dressings. Severe cases of ingrown nail with proud flesh which, on a first visit, are too painful to operate on, if subjected to a moist dressing of liquid borowii, then covered with a gutta percha protective, will at the end of twenty-four hours be in good condition for operating. The following is the method of compounding:

Aluminum Sulphate... 10 oz.
Acetic Acid..... 10 oz.
Calcium Carbonate... 4 oz. + 2½ drams
Water ..... 1 qt.

Dissolve the calcium carbonate in the acetic acid mixed with 6½ oz. of water.

Dissolve the aluminum sulphate in 26 oz. of water.

Mix the solutions and allow to stand for 24 hours, agitating occasionally; filter. Very truly yours,

ALFRED JOSEPH.

From Dr. A. H. Doty's book, "Prompt Aid to the Injured," Chapter XI, page 124. "Haemorrhage."

Popliteal Artery.—This vessel is the continuation of the femoral artery, and is found in the popliteal space (behind the bend of the knee), and is only slightly affected by digital pressure, although a pad can be placed in the popliteal space and pressed upon the artery by flexing the leg upon the thigh and securing it in this position.

Haemorrhage from the sole of the foot is sometimes controlled by compressing the posterior tibial, a branch of the popliteal artery, as it winds around the ankle between the internal malleolus (ankle) or lower end of the tibia, and the heel, rather close to the former.

Plugging is also valuable for this form of haemorrhage.

THE ADVANCEMENT OF CHIROPODY.

In the State of New York, where the practice of chiropody is regulated by law, and where the members of our profession must conform to certain regulations, chiropody is advancing steadily and firmly. The former antagonistic spirit displayed by some of the medical fraternity toward our profession has greatly modified. This is due in the major part to the good quality of timber now entering our profession and qualifications necessary to gain entrance.

To acquire a license enabling one to practise chiropody in these times denotes months of hard study in order to pass the rigid examinations which the Pedic Society of the State of New York exacts from those desirous of taking up the practice of chiropody as a means of livelihood.

It matters little whether a person be learned in the law, in medicine, in the sciences or arts; the fact that he is a learned man puts the stamp of approval on him so far as relates to his learning.

So it is with the chiropodist of today. Everywhere people look to him, by virtue of his superior knowledge in his profession, to relieve them of the pains and aches which have racked their nether extremities.

Nor do the people alone recognize in him a competent specialist. Physicians and surgeons in these days rarely undertake the operating of ingrown nails. Not that they lack the ability. But they recognize in the chiropodist a specialist of that branch of minor surgery which includes the removal or adjustment of badly grown nails.

This paper is published for the dissemination of such news as will be appreciated by chiropodists. The latest methods of the successful practitioner will be discussed in its columns. New remedies will be printed, and old ones reviewed. Chiropodists desirous of information may write to us, and unless a personal reply be requested their communications will be published.

In short, we will do all in our power to help advance the interests of chiropody, and in return we ask the aid of each and every member in our profession in order that the hoped-for good results may be achieved.

HOW LUCKY FOR THEM.

Statisticus—"I see where there are 'steen million bushels of corn to be harvested this year."

Miss Board—"Won't the chiropodists make a fortune!"

CHILBLAINS.

Of the various diseases with which the foot may be afflicted there is none so annoying as chilblains (perniones). True, they may become particularly dangerous, and in some instances very hard to cure, yet the very numerous remedies at our command enable us to successfully cope with even the most stubborn cases.

Chilblains are caused by paralysis of the capillaries with serous exudations in the tissues of the cutis; they are swellings of a bluish-red color, which prove excessively annoying on account of their severe burning and itching, and from the occasional formation of ulcers.

They result from repeated slight freezing of the same spot, and do not occur with equal frequency in all persons. They are less annoying in very cold weather than during the change from cold to warm. At night, on retiring, when the feet become warm, the itching occasionally becomes so troublesome that the sufferer has to scratch them for hours.

Females are more disposed to chilblains than males, and young persons more than old. Those vocations which require frequent change of temperature particularly predispose to them. The wearing of the thin-soled, high-heeled shoes regarded so fashionable by many of the women of to-day results in the more severe cases.

The treatment of chilblains is so varied, on account of the almost unlimited number of remedies which may be used, that each practitioner resorts to his own pet formula. It really makes no difference which remedy is used, so long as a cure is effected. Salve of white precipitate of mercury (one dram to the ounce of lard), frictions with fresh lemon juice, painting with nitric acid diluted with cinnamon water (one dram to four ounces), solution of nitrate of silver (ten grains to the ounce), and tincture of benzoin are remedies of standard value. Sometimes one answers, sometimes another. A cloth soaked with liquid borowii adjusted to the affected area has resulted in the cure of a most annoying chilblain.

If the chilblains open at the top they may be dressed with zinc ointment or arnica salve. It usually takes from ten days to two weeks to effect a cure, and it is very necessary that the ulcer be cleansed and a new dressing applied every other day.

THINGS ONE LEARNS BY EXPERIENCE.

BY ALFRED JOSEPH.

Occasionally we read in the newspapers of medical men experimenting upon themselves in order to obtain a better understanding of the pathological processes of a disease or the action of a drug. They may have absorbed all the knowledge obtainable regarding the disease or drug in question; but unless they themselves have been subjected to the aches, pains and sensations of the disease or drug they feel that a most essential part of their studies is lacking.

That, to my mind, proves that personal subjection, whether by accident or design, is the best teacher.

Before I read the lecture delivered at a meeting of the Pedic Society by Dr. H. D. Johnson, entitled "Morton's Toe," I knew absolutely nothing about that disease. Later on I read more on that subject in a work on Orthopedic Surgery. Thus, through reading, I obtained a fair knowledge of the location. symptoms,

causes and treatment of "Morton's Toe." But it was owing to a personal subjection of that disorder that I learned more than any book could teach.

I had bought a pair of shoes that seemed to fit snugly across the metatarsal bones. A month later I wore them for the first time and after walking a mile or so I began to suffer. Suddenly a terrific spasm on the external side of the fourth toe caused me to halt and elevate the foot. After a minute the pain left and I continued to walk. I had scarcely taken twenty paces before that toe spasm came on again. This time I sat down on a step and took off my shoe for examination. Apparently nothing wrong there. Then I squeezed the toe. That also appeared O. K. I put on the shoe and started off, when another attack came on. I rode home, changed to old shoes, and everything went lovely.

The following week I wore the new shoes again, with the result that the spasms came on at every twenty paces. I tried stretching the shoes, but as that did not avail was forced to discard them altogether.

Thus, by actual experience, I learned the symptoms and cause of "Morton's Toe." The fourth metatarsal bone, being forced out of alignment by a shoe which was too narrow, produced a pressure on a nerve at the distal end of that bone, causing the pain to "shoot" to the vicinity of the first and second phalangeal articulation of the fourth toe.

Another thing I learned by personal experience was what it means to have an ingrown nail. Going up a stairs I stumbled and injured the great toe nail. I paid no attention to it, and in a few days was in possession of a greatly inflamed toe. Now, it's the easiest thing in the world for a chiropodist to operate on an ingrown nail when it's on somebody else's toe, for then he doesn't feel the pain, but to attempt to extract a sliver of nail from his own painful toe—that's quite another story.

Noticing that I limped, a friend, who is a surgeon in a hospital, volunteered his services. He admitted that he knew very little about ingrown nails as chiropodists treat them and requested me to direct his work. I thought it a good time to ascertain the value of cocaine as a local anesthetic in chiropody and suggested its use.

Accordingly, he filled his syringe with a 4 per cent cocaine solution and jabbed it into the side of the toe. Great Scott! Pain! I let out a yell which startled the neighbors. On account of the macerated condition of the cellular tissue, due to the inflammation, the cocaine would not "take hold," and as the pain was very severe, I told him to use the ethyl chloride spray. But, unaccustomed to operating on ingrown nails, his awkward attempts to work under local anesthesia proved fruitless. By the time the toe was thoroughly frozen and quick work demanded, the "thaw" set in.

With gritting teeth I told him to do thus and so, until the bandages were on. After his departure I took the "L" downtown to a fellow chiropodist, who treated the toe as it should be treated, with the result that a cure was effected in a few days.

But the experience was fully worth the pain. Not before, since, nor will I ever use a hypodermic injection of cocaine on any patient suffering from an inflamed toe. The pain I suffered when that needle was inserted was of such a character that to this day it makes me shudder. Cocaine may be all right as a local anesthetic for some people to use at some time, but for me at no time.

Among the many troubles which chiropodists encounter occasionally is that malignant disease known as "Diabetic Foot." It consists of one or more sores—deep, angry looking and vile smelling.

My father was afflicted with diabetes for four years before sores broke out on his feet. Always a good feeder, he never could be induced to restrict himself to the "diet" of the diabetic. When the sores broke out he was forced to the use of bi-chloride of mercury 1-1,000 solutions, and the strong mercuric ointments.

In order to learn as much as possible about diabetes, I read the scientific works of Osler, Mitchell, Delafield and others.

Under instruction of his physician, I cleansed the sores, using peroxide of hydrogen, 5 per cent carbolic solutions and the bi-chloride wet dressings.

Sometimes one of the sores would show a tendency to apparently heal. A thick scab would form over the cavity, thereby preventing the fluid from exuding. I noticed that when a sore was thus closed the patient did not feel well at all; that only when the discharge was uninterrupted did he feel in good spirits.

After that, whenever I cleansed the sores and found one closed I invariably tore off the scab and allowed it to discharge the septic matter.

Several times the physician remonstrated with the patient against allowing me to open a sore which was in process of closing. But as the patient was my father, not my patient—and suffered much more when a sore did not discharge—we kept them open.

The time came at last when all the sores had scabs on and consequently did not discharge. The physician gave a "scientific reason," which I could not understand. But this much I did know: That if the poison could not find an outlet the patient must die. And that is just what happened within a few days thereafter.

Nowadays, whenever such a case turns up in my office, I refer the patient to his physician for treatment. It is a mistake for members of our profession to undertake to treat cases of diabetic sores, for, at the best, one can only clean out the sores, the disease demanding treatment at the hands of the most learned physicians.

To illustrate the value of the papers read in the meetings of the Pedic Society, I will cite an instance which occurred last year.

I had been treating a young man with an ulcerated chilblain on the first metatarsal-phalangeal articulation. He came regularly every day. I tried all the standard remedies in the effort to effect a cure. Nothing seemed to do any good.

I had intended to ask for information regarding a cure at the February meeting, but it slipped my mind. During the evening Mr. Nachbar read a paper entitled "A Case," to which I gave close attention. Those who were present will remember that it embraced a syphilitic condition.

Next day while treating the patient I suddenly inquired whether he had ever been afflicted with syphilis. He told me that he had had that disease about four years previously, but had been cured.

After that I used balsam of Peru on that ulcerated "chilblain," and within a week that man was cured.

Now, if it had not been for Mr. Nachbar's case it would never have occurred to me to ask my patient whether he had ever been afflicted with syphilis.

If the members only realized the benefits to be derived from attending the Society's meetings regularly the room would be crowded. Every meeting brings forth some interesting subject of importance to the profession.

FACTS WORTH KNOWING.

Modern surgery really began in the early part of the sixteenth century, when William Harvey, an English surgeon, discovered the circulation of the blood, and Aselli, an Italian, discovered the lymphatic vessels.

The use of the ligature for bleeding vessels was introduced by Ambroise Pare, who, originally only a barber, became the most prominent surgeon in France.

Special Notice

DR. DANIEL G REYNOLDS wishes to announce that he is getting out a Chiropody Chair that will meet all the requirements of the profession. This Chair will be the acme of convenience and comfort both for operator and patient. For particulars write

DR. D. G. REYNOLDS

513-515 Powers Block, Rochester, N.Y.

ULCERS AND THEIR TREATMENT.

To define an ulcer in brief form is a most difficult task. But, approximately, an ulcer is a wounded surface which shows no tendency to heal. It starts from chronic inflammation in the derma, cellular tissue, muscles, glands, periosteum or bones. In the centre of the inflamed spot there is suppuration, or some other form of softening and breaking down, which eventually perforates the skin from within outwardly. This is called an excavated ulcer or cold abscess.

The local cause of ulcers is attributed to mechanical or chemical local irritation. A tight boot, or the hard edge of a shoe may induce ulcers on the feet. The site of the tendon Achilles is particularly vulnerable when wearing low shoes. In such cases a well fitting cut out shield of felt or buckskin, neatly adjusted with Griswold's Salve, will prevent further friction and thus permit the rapid healing of the ulcer.

In treating inflamed ulcers it is well to try mild salves of fresh butter and wax, then cooling salves, such as zinc and lead, also applications of lead water. If a cure is not effected by this treatment cauterize the surface of the ulcer freely with a hot iron, thereby producing a fine eschar. Spread a healing salve over the latter. Cover with a gauze bandage saturated with Borowii Solution. This reduces such inflammation as may result from cauterization.

Galvano-caustic operations were first resorted to by Middledorpf, a German surgeon, about the year 1850.

MANICURE INJUSTICE.

N. Y. Times, Dec. 1, 1907.

On the broad principle that one is just half as much as two, I don't see why I should be compelled to pay as much for getting my nails manicured as the ordinary person," said a one-armed man who looked as if he had a grievance. "I went into the barber shop of a well known hotel one day not long ago and had my hand fixed up in good shape. When I left the chair the girl told me the charge would be a dollar.

"'I don't think it will,' I rejoined. 'What is your usual price for a man with two hands?'

"'One dollar,' replied the girl.

"'Well, I think I will pay just half,' said I.

"Then I got into an argument with the manager of the establishment. He would make no exception in my case, he said. I was equally convinced that he would, just as a mater of principle. But the upshot of the argument was that I paid 65 cents. I didn't get off for half price, neither did he get a dollar.

"That is but a sample case with me. Every manicure establishment that I visit wants me to pay full price. The line of argument they hand out to me is that a one-armed man can't keep his nails in as good condition as the man with two arms. That is nonsense. If there is anything I pride myself on it is the care of my one hand, and I know plenty of men with two hands who give these manicure artists more trouble with one thumb than I do with my whole hand."

Dr. Alfred Joseph CHIROPODIST
335 Willis Avenue

PREPARES STUDENTS TO PASS THE PEDIC EXAMINATIONS

REFERENCES FURNISHED

LOCAL REMEDIES IN CHIROPODY.

BY A. WEINSTEIN, Pharmaceutical Chemist.

This brief treatise on "Local Remedies in Chiropody" is written with the hope that it will prove of some value to the readers.

The term "remedies" is inclusive, meaning any agent, whether a substance, as Phenol, Iodoform, or a force, as heat or electricity, employed in the treatment of disease; but I shall confine myself chiefly and treat only of local pharmacologic remedies, of chemical substances valuable in chiropody.

I will begin with the most important group, and that is the "antiseptic group," which every chiropodist ought to have a thorough knowledge of and be acquainted with.

The recent case reported in the press where a prominent citizen lost his life from a minor operation on his toe emphasizes the importance of the thorough cleanliness and the antiseptic condition necessary in the operation of even a minor character in order to prevent and destroy disease-producing bacteria. We must also consider the great danger of carrying over disease, as there can be no doubt that one must frequently handle a syphilitic foot or hand without being aware of it, and unless your instruments and hands are made sterile the disease is easily carried over and another human being made wretched by it.

The following precautionary rules should be observed:

Always sterilize your instruments by heat, which can be done in the following manner: Immerse instruments in a clean dish filled with water, and heat the water to boiling point.

Bi-chloride or alcohol are not certain enough for sterilizing metal instruments.

Always carry a bottle of bi-chloride tablets so that you may conveniently wash and scrub your hands with a hand brush in a solution of bi-chloride, 1-1,000, made by dissolving one tablet in a pint of water (this being poisonous).

Carbolic acid was at one time used as the antiseptic in surgical work, but on account of its irritant action on living tissue and its ready absorption from wounds, sometimes even causing gangrene poison, its use should be limited.

The following antiseptics have proven very efficient:

Acetanilid (antifebrin), phenal acetania, $C_6 H_5 N.H.(C.O. C.H_3)$, a white, odorless powder and an excellent antiseptic, which may be used instead of iodoform as a dusting powder for dressing any wound or chronic ulcer. It helps to prevent and arrest the growth of bacteria, at the same time having great healing properties.

The following make an excellent dusting powder:

Acetanilid	1	dram
Pulv. zinci oxidati.....	3	"
Amylum	4	"

The prescription for the same in ointment form is:

Acetanilid	1	dram
Pulv. zinci oxidati.....	3	"
Bismuth subgallati.....	2	"
Petrolatum	10	"

Apply on sterilized gauze, twice daily.

On a wound or ulcer where gauze bandages cannot conveniently be used the following is an excellent formula:

Acetanilid	1	dram
Zinc oxide	2	"
Collodion	5	"

Shake well before using and apply with a brush. Keep the bottle well corked. The collodion in the mixture will hold in suspension the powders, and when applied to the skin will form a coating with the deposit of the antiseptic and healing powder.

Ethyl-chloride, as a local anesthetic, was discovered by Dr. Richardson, an English physician. He constructed a small apparatus by which a tiny stream of rhigoline spray is blown against one spot in the skin, inducing such cold that all sensation is lost. This method of local anesthesia is advantageously used in minor operations, especially on ingrown nails.

THE THRIFTY CHINESE.

At a recent visit of the United States fleet to Hong Kong one of the coolies, engaged in passing coal, was accidentally caught in the machinery and had his leg so badly crushed that it was decided necessary to amputate it. This was explained to the fellow, and after much persuasion he was induced to submit to the sleeping medicine and have the leg taken off.

He recovered in remarkably quick time and when able to leave the ship where he had been confined was given a handful of money the officers had collected for him, amounting to about $50 gold.

In less than a day's time the ship was besieged by an army of Chinese, all clamoring to have a leg taken off.

WHERE DOCTORS NEVER ASK FEES.

A Japanese doctor never thinks of asking a poor patient for a fee. There is a proverb among the medical fraternity of Japan: "When the twin enemies, poverty and disease, invade a home, then he who takes aught from that home, even though it be given him, is a robber."

"Often," says Dr. Matsumoto, "a doctor will not only give his time and his medicine freely to the sufferer, but he will also give him money to tide him over his dire necessities. Every physician has his own dispensary, and there are very few chemists' shops in the empire. When a rich man calls in a physician he does not expect to be presented with a bill for medical services. In fact, no such thing as a doctor's bill is known in Japan, although nearly all the other modern appliances are in vogue there. The doctor never asks for his fee. The strict honesty of the people makes this unnecessary. When he has finished with a patient a present is made to him of whatever sum the patient or his friends may deem to be just compensation. The doctor is supposed to smile, take the fee, bow and thank his patron."—*Tit-Bits.*

In 1846 anesthesia was discovered. Dr. Morton, a Boston dentist, at the suggestion of a Dr. Jackson, had, in extracting teeth, employed inhalations of sulphuric ether with complete success. In 1859 Prof. Simpson, of Edinburgh, introduced in surgical practice chloroform, which, after various trials with other substances, still preserves its reputation.

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Bunion Shields a Specialty

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